



## PARISHIONER REGISTRATION FORM

*All information provided is for the sole use of St. Bartholomew Parish to assist in providing pastoral care and will **NOT** be shared with any individual or organization.*

Please  one:

Date: \_\_\_\_\_

- New Registration     
  Registration Update     
  Attend St. Bartholomew but never registered

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES/PAGES

HOUSEHOLD INFORMATION			
Street Address:		Apt./Unit #:	
City:	Postal Code:	Home Phone:	
Language(s) spoken at home:			
PRIMARY CONTACT		SPOUSE	
<i>Please circle one:</i> Mr. Mrs. Miss Dr.		<i>Please circle one:</i> Mr. Mrs. Miss Dr.	
Last Name:		Last Name:	
First Name:		First Name:	
Date of Birth: (mm/dd/yy)		Date of Birth: (mm/dd/yy)	
Religion:		Religion:	
Pls. <input checked="" type="checkbox"/> if <input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation		Pls. <input checked="" type="checkbox"/> if <input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation	
Occupation:		Occupation:	
Work Phone:	Cell Phone:	Work Phone:	Cell Phone:
<b>Email Address:</b>		<b>Email Address:</b>	
Marital Status: <i>Pls. circle one:</i> Single Engaged Married Separated Divorced Widowed		Denomination/Civil:	
Marriage Date: (mm/dd/yy)		Church and/or Place of Marriage:	

CHILD(REN)'S INFORMATION					
<i>Children living at home over 18 years of age are encouraged to fill out a separate Registration Form</i>					
Full Name(s)	Date of Birth (mm/dd/yy)	Religion	<i>Pls. check if received</i>		
			Baptism	1 <sup>st</sup> Communion	Confirmation
1.					
2.					
3.					
4.					
5.					

## OFFERTORY INFORMATION:

1. Would you like to have your own box of Parish Offertory Envelopes for your donations?  Yes  No
2. Would you like to enroll in the pre-authorized giving (PAG) program?  Yes  No  
(If yes, please complete attached PAG form)
3. Include both spouses' names on Tax Receipt?  Yes  No

## PARISH INVOLVEMENT

Our parish offers many opportunities for individuals and families to offer their talents and gifts for the community. Should you wish to be involved in a parish ministry, we will provide more information for you. **Please check the ministry/ministries you are interested in being involved in:**

Have you ever had the experience of being active in parish ministry?  Yes  No

- |                                                                            |                                                  |
|----------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Ministers of Hospitality                          | <input type="checkbox"/> Counters                |
| <input type="checkbox"/> Lectors                                           | <input type="checkbox"/> Acolytes                |
| <input type="checkbox"/> Children's Liturgy                                | <input type="checkbox"/> Altar Society           |
| <input type="checkbox"/> Music Ministry (Choir Member)                     | <input type="checkbox"/> Social Sunday Committee |
| <input type="checkbox"/> Extraordinary Ministers to the sick and homebound |                                                  |

FOR OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

Env #: \_\_\_\_\_

If you would like further information or have any questions please call our office at 416-291-5250 ext 201 or email @ [st.barts@archtoronto.org](mailto:st.barts@archtoronto.org)

**THANK YOU FOR YOUR TIME AND HELP TO KEEP OUR PARISH RECORDS UP TO DATE.**

